

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	100	100	9/23/94
O.I.P.E. CLASSIFIER		100	9/23/94
FORMALITY REVIEW	100	71629	10-1-94

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
1	01/03
2	01/03
3	
4	
5	
6	- ✓ ✓
7	✓ X
8	
9	X
10	
11	✓
12	0 ✓ ✓
13	0 ✓ ✓
14	✓ X
15	X
16	X
17	X
18	X
19	X
20	X
21	X
22	X
23	X
24	X
25	X
26	X
27	✓
28	✓ ✓ ✓
29	.
30	.
31	.
32	.
33	✓
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50	✓ ✓

Claim	Date
51	01/03
52	01/03
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here